U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.



1. File Number U - 2025	2. Fiscal Year Covered From:
	1 / 1 / 04 Through: [2 / 31 / 04]
Name and address of person filing.	4. Name, file number, and address of labor organization.
Name David C Schmitz	Name United food and Commercial Weller Wood 1001
	Labor Organization File Number 666-644
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 809 W. Nickerson	Street 12888 S.E. 40th Place
City Sea He	city Bellevye
State ZIP Code + 4 9879 - 142	3 State UAA ZIP Code + 4 9806 - 17 8
5. Position in labor organization. President	
monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any:	7.a. Nature of Interest, Transaction, or Income.
P.O. Box, Bidg., Room No., if any	7.b. Amount.
Street	
City	Approximation (COS) (1) of the contraction of the cost (COS) (1) o
State ZIP Code + 4	
Si	gnature
	of Perjury and other applicable penalties of the law, that all of the information anying documents), has been examined by the signatory and is, to the best of the section on penalties in the instructions.)
Signed Www That	On 8/0/05 606 282-3472 Date Telephone Number

Name of Person Filing David Camic	7	File Number U-
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business ively seeking to represent, or directly to, or otherwise	
Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Retail Drug Engloyers Welfare Trus	Transfer Tr	
Trade Name, if any:	X a. Labor Organizat	ion
P.O. Box, Bldg., Room No., if any	b. Trust	,
Street 2815 Second Avenil Suite 300	C. Employer	
city Seattle		
State ZIP Code + 4 18/2/- /26		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealir	
Name	emphase benefit t	a nuttiemployer Taff Hartley fund that provides fringe beautit
Trade Name, if any:	eovernal to emph	oyecs represented by the union is of the union is
P.O. Box, Bldg., Room No., if any	hourly contribu	thions to the fund on behalf
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C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.	
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Name		:
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40.1.4.0.2	14.b. Amount of payment.	
13.b. Is the Business an Employer or Consultant?		<u> </u>

Attachments

Ending date of reporting period is 12/31/pt

Name of Person Filling Land C Schmitz	File Number U-
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or inc dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or streetly to, or otherwise ation is interested.
8. Name and address of Business (including trade name, if any). Name	9. Business deals with:
Name Retail Drug Employees tension 1 MST	a. Labor Organization
P.O. Box, Bldg., Room No., if any	b. Trust
Street 2815 Second Ayenuc Svite 300	c. Employer
chy Soattle	
State	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	The frust fund u a multi-employer Taft Hartley employee benefit fund that provides fringe benefit eovernoe to employees represented by the union
Trade Name, if any:	and to employees of the union). The union is
P.O. Box, Bldg., Room No., if any	hourly contributions to the fund on behalf of its own employees.
Street	11.b. Approximate dollar value of such dealing. 873, 796.
City State ZIP Code + 4	12.a. Nature of interest held or income received. In Kind And and Lemmer at
	In kind food and bevorage at Trustees meeting
	12.b. Amount. 32
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	r parts A and B above)
13.a. Name and address of Employer or Labor Relations Consultant	14,a. Nature of payment.
(including trade name, if any).	
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13.b. Is the Business an Employer or Consultant?	Commence of payments

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8. Name and address of Bus	siness (including trade	name, i	fany).		9. Business deals with:		
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Trade Name, if any:					a. Labor Organi	ization	
P.O. Box, Bldg., Room No.	, if any				c. Employer		٠.
Street 2815 Sec.	and Anmi	AL 2	inly 30	O	C. Empoyer		
city Seatt				Ĵ			
State WA:	ZIP	Code +	4 98/21-12	4]			
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13.b. Is the Business an Em	throker or	Consulta	un [The state of the s

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Name of Person Filing DWID C Schmit	>	File Number U-
B. Held an interest in or derived income or economic benefit with monetary visubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business tively seeking to represent, or directly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name Patac Dyvg Employed Wattern Trust Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2-015 Scand Awar Corte 3co City Scallo State WA . ZiP Code + 4 (12) - 126	9. Business deals with: a. Labor Organizat b. Trust c. Employer	tion
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City ZIP Code + 4	emplyce benefit to employee and to employee and to employee and of the Settle hourly contributed its own cm. 11.b. Approximate dollar value 12.a. Nature of interest held Direct Phyn for International Plane	a multiemployer Taff Hartley fund that provides fringe benefit oyees represented by the union of the union. The union is of the union. The union is one of the fund and makes things to the fund on behalf ployees.
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street	or parts A and B above) or other thing of value. 14.a. Nature of payment	
State ZIP Code + 4 13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	

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Name of Person Filling David C Schmitz	File Number U-
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business ively seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any). Name PHALL DIVY Employers Tension Trus Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2815 Stom Awmy Svip 3 © City Schttle ZIP Code + 4 48121-126	9. Business deals with: X a. Labor Organization b. Trust c. Employer
10, If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. The first fund is a nultiemployer Taff Hartley employees benefit fund that provides fringe benefit everyee benefit fund that provides fringe benefit everyee to employees represented by the union cand to employees of the union. The union is one of the settlors of the fund and makes hourly contributions to the fund on behalf of its own employees. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. Reimburgment for girling ticket to attend the 2004 International fundation of employee Benefit Plans (IFEBP) conference which was cancaled.
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	
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13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.

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Name of Person Filing David C Schmitz	File Number U-
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or included the pour labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise
Name and address of Business (including trade name, if any).	9. Business deals with:
Name Rinehart & Robblee Allowys PLLP	
Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any (620 Metropolition Park Ridge)	b. Trust c. Employer
Street 1100 Olive way	·
City Seattle State UA : ZIP Code + 4 98(01 - 1827)	
State ZIP Code + 4 7 8 0 - 18 7	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	Legal counsel for UFCN Local 1001
Trade Name, if any:	A CAMPAGNA AND A CAMP
P.O. Box, Bldg., Room No., if any	
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City	12.a. Nature of interest held or income received.
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Name of Person Filming David C Schmitte	
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or otherwof an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business vely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Smith McKensie Rothwell & Barlow P.S.	a. Labor Organization
Trade Name, if any:	b. Trust
P.O. Box, Bldg., Room No., if any	c. Employer
Street 500 Union Street Suite 700	hangage di
city Scattle	
State	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Retail Drug Employees Welfare and Pension Trusts	Legal counsel for trusts
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
street 2815 Second Ave. Suite 300	11.b. Approximate dollar value of such dealing. \$35,086.
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Name of Person Filing David Cohmits	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or including with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise	
Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Smith Mckensie Rothwell & Region P.S	prosing	
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 500 Union Street Suite 700	c. Employer	
city Seattle		
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Name Retail Drug Employees Welfare and Fonsion Trusts	Legal councel for two	YS
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C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	12.b. Amount.	
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